

ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION  
501 WOODLANE, SUITE 104  
LITTLE ROCK, AR 72201  
PHONE (501) 683-8000  
FAX (501) 683-8050  
E-MAIL sbpce@arkansas.gov  
WEBSITE [www.sbpce.org](http://www.sbpce.org)

BOARD USE ONLY  
APP Processed by \_\_\_\_\_  
APP Reviewed by \_\_\_\_\_

**Form 6050 – ARKANSAS STATE POLICE IDENTIFICATION  
BUREAU INDIVIDUAL RECORD CHECK FORM**

**Attach Appropriate Fees**

Enclose a check or money order for **\$37.75** made payable to Information Network of Arkansas (INA).

**(Lines will expand as needed)**

FULL NAME

FIRST	MIDDLE	LAST	MAIDEN/OTHER
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Date of Birth-Month/Day/Year	State of Birth	Race	Sex
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Social Security Number	Drivers License Number	State
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Mailing Address (Street)	City	State	Zip
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Daytime Phone Number	
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**I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE AND THE FBI TO CONDUCT A  
CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE ARKANSAS STATE  
BOARD OF PRIVATE CAREER EDUCATION, 501 WOODLANE, SUITE 312 SOUTH, LITTLE ROCK, AR  
72201.**

SIGNATURE	(First/MI/Last Name	Date-Month/Day/Year
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**(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)**

STATE OF \_\_\_\_\_  
§  
COUNTY OF \_\_\_\_\_

Subscribed and sworn before me, a Notary Public, in and for the county and state

Aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**SBPCE USE ONLY**

SCHOOL NAME \_\_\_\_\_

ADMISSIONS REPRESENTATIVE \_\_\_\_\_ SCHOOL OWNER \_\_\_\_\_

Date ASP Processed \_\_\_\_\_ By \_\_\_\_\_ ASP ID Number \_\_\_\_\_

Date FBI Sent to ASP \_\_\_\_\_ Date FBI Returned From ASP \_\_\_\_\_